

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025972

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27

Primary Registration District No. 5092

Registrar's No. 138

FILED JUL 31 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BATES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lone Oak Twp.		c. CITY OR TOWN RAYTOWN MISSOURI	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION highway #71 S, Butler		d. STREET ADDRESS (If outside, give location) 5216 Fuller Drive	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JEWELL M. WILLIAMS		4. DATE OF DEATH Month Day Year July 20 1962	
5. SEX female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/25/15
9. AGE (last birthday) 46		10. IF UNDER 1 YEAR Months Days Hours Min. 9 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		11. BIRTHPLACE (City and state or country) Garfield Arkansas	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William Poe	
13b. MOTHER'S MAIDEN NAME Bessie Martin		14. NAME OF HUSBAND OR WIFE Wrenn W Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Wrenn Williams, Raytown Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured cervical spine Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple fractures DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car collision	
20c. TIME OF INJURY Hour a.m. 11 am Month, Day, Year 7-20-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 11 3 miles south of Butler, Mo.	
20f. CITY, TOWN, OR LOCATION Butler, Mo.		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (In green or blue ink) Howard W. Culver	
22b. ADDRESS Butler, Mo.		22c. DATE SIGNED 7-20-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-24-1962	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	
23d. LOCATION (City, town, or county) Kansas City, Mo.		(State)	
24. FUNERAL DIRECTOR CULVER UNDERWOOD, Butler mo.		25. DATE RECD. BY LOCAL REG. 7-21-62	
26. REGISTRAR'S SIGNATURE Norme Frank Wilson			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

VS AUG 1 1962

DEC 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert S. Stumacher

Licensed Embalmer No. 4657

P. O. Address Butler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.